

PART B - FEE(S) TRANSMITTAL

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 7590 03/20/2003

SAMUEL S. WOODLEY, III, PH.D.
 DARBY & DARBY, P.C.
 805 THIRD AVE.
 NEW YORK, NY 10022



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/494,332	01/28/2000	Kevin M. Gorman		3281

TITLE OF INVENTION: OLIGONUCLEOTIDE PRIMERS FOR EFFICIENT MULTIPLEX DETECTION OF HEPATITIS C VIRUS (HCV) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND METHODS OF USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	06/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
GOLDBERG, JEANINE ANNE	1634	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. <u>1 Darby & Darby</u> <u>2</u> <u>3</u>
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ORTHO-CLINICAL DIAGNOSTICS

RARITAN, NEW JERSEY

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Samuel S. Woodley* (Date) *June 18, 2003*
 Samuel S. Woodley Reg. No. 43287

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B.W. Lee *B.W. Lee*
 Name (Print) Signature